

## PART B - FEE(S) TRANSMITTAL

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Mail Stop ISSUE FEE  
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CURRENT CORRESPONDENCE ADDRESS (Note: Block 1 for any change of address)

28584 7590 01/24/2006

STALLMAN & POLLOCK LLP  
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## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Tanisha Lawrence-Caceres

(Depositor's name)

(Signature)

April 6, 2006

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/676,619	10/01/2003	Russell M. Sampson	ENVS-1310	7949

TITLE OF INVENTION: APPARATUS AND METHOD FOR TREATING VENOUS REFLUX

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<del>500</del> \$1,400	\$300	<del>500</del> \$1,700	04/24/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
ROANE, AARON F	3739	606-041000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CYTYC SURGICAL PRODUCTS

Palo Alto, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies Five (5)

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1703 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Kathleen A. FrostDate April 6, 2006Typed or printed name Kathleen A. FrostRegistration No. 37,326

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application of

Russell M. Sampson et al.

Application No.: 10/676,619

Filed: October 1, 2003

For: APPARATUS AND METHOD FOR  
TREATING VENOUS REFLUX

Confirmation No.: 7949

Group Art Unit: 3739

Examiner: Aaron F. Roane

**SUBMISSION OF ISSUE FEE**353 Sacramento Street, Suite 2200  
San Francisco, CA 94111  
(415) 772-4900

M/S ISSUE FEE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

**CERTIFICATE OF MAILING**I hereby certify that this correspondence is being deposited  
with the United States Postal Service as First Class Mail in an  
envelope, addressed to: Commissioner for Patents, P.O.  
Box 1450, Alexandria, VA 22313-1450 on April 6, 2006.

STALLMAN &amp; POLLOCK LLP

Dated: 04/06/2006By: 

Tanisha Lawrence-Caceres

Per the Notice of Allowance and Issue Fee Due which was mailed January 24, 2006, enclosed for filing in the above-captioned case are form PTOL-85b and a check for \$1,715.00 to cover the issue fee of \$1,400.00, the publication fee of \$300.00 and the payment of \$15.00 for ordering five (5) advanced copies of the patent upon issuance.

The Commissioner is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 50-1703, under Order No. ENVS-1310.  
**A duplicate copy of this sheet is enclosed.**

Respectfully submitted,

STALLMAN &amp; POLLOCK LLP

Dated: April 6, 2006By: Kathleen A. Frost  
Reg. No. 37,326

Attorneys for Applicant(s)